

# European Journal of Vascular & Endovascular Surgery

Volume 49 • Issue 2 • 2015  
**CONTENTS**

## EDITORIAL

- 113 International Update on Screening for Abdominal Aortic Aneurysms: Issues and Opportunities  
*The International AAA Screening Group, M. Björck, M.J. Bown, E. Choke, J. Earnshaw, T. Flørenes, M. Glover, M. Kay, S. Laukontaus, T. Lees, J. Lindholt, J.T. Powell, A. van Rij, S. Svensjö and A. Wanhainen*

## TRANS-ATLANTIC DEBATE

- 116 Trans-Atlantic Debate: Whether Endovascular Repair Offers a Survival Advantage over Open Repair for Ruptured Abdominal Aortic Aneurysms  
*T.L. Forbes and A.R. Naylor*

- 116 Part One: For the Motion. EVAR Offers No Survival Benefit over Open Repair for the Treatment of Ruptured Abdominal Aortic Aneurysms  
*L. Dubois*

*Transatlantic debate on whether the available evidence supports EVAR over open surgical repair as the first line treatment for the majority of patients with ruptured abdominal aortic aneurysm.*

- 119 Part Two: Against the Motion. EVAR Offers No Survival Benefit over Open Repair for the Treatment of Ruptured Abdominal Aortic Aneurysms  
*D. Mayer, Z. Rancic, F.J. Veith and M. Lachat*

- 127 Trans-Atlantic Debate: Does Endovascular Repair Offers a Survival Advantage over Open Repair for Ruptured Abdominal Aortic Aneurysms?  
*T.L. Forbes and A.R. Naylor*

## CAROTID DISEASE

- 129 Very Urgent Carotid Endarterectomy Does Not Increase the Procedural Risk  
*B. Rantner, C. Schmidauer, M. Knoflach and G. Fraedrich*

*Performing carotid endarterectomy within 48 hours of suffering a TIA/minor stroke was not associated with increased procedural risks.*

- 137 Risk of Early Recurrent Stroke in Symptomatic Carotid Stenosis  
*S. Strömberg, A. Nordanstig, T. Bentzel, K. Österberg and G.M.L. Bergström*

*The risk of suffering an early recurrent event prior to CEA was not as high as had been observed in previous studies and was attributed to early implementation of 'best medical therapy'.*

## Invited Commentary

- 145 The True Risk of Early Recurrent Stroke: Importance of Cohort Composition and Index Event Definition  
*G.J. de Borst*

- 147 Three-dimensional Computed Tomographic Reconstruction of the Carotid Artery: Identifying High Bifurcation  
*J.R. McNamara, G.J. Fulton and B.J. Manning*

*Using CTA, patients with a carotid bifurcation located within 5cm of the mastoid process (skull base) put them in the highest quartile and was used to define those with a 'high level bifurcation'. It remains to be seen whether this CT based definition is associated with an increased risk of operative difficulty or adverse outcomes.*

## CONTENTS—continued

### Invited Commentary

- 154 Commentary on 'Three-dimensional CT Reconstruction of the Carotid Artery: Identifying the High Bifurcation'  
*N. Chakfé, M. Ohana and Y. Georg*

### AORTIC DISEASE

- 156 Risk Factors for Proximal Neck Complications After Endovascular Aneurysm Repair Using the Endurant Stentgraft  
*F. Bastos Goncalves, S.E. Hoeks, J.A. Teijink, F.L. Moll, J.A. Castro, R.J. Stolker, T.L. Forbes and H.J.M. Verhagen*

*Aortic neck length was the most important anatomical limitation for EVAR, but neck angulation and taper were not associated with adverse outcomes in this Registry.*

- 163 Fate of Patients Unwilling or Unsuitable to Undergo Surgical Intervention for a Ruptured Abdominal Aortic Aneurysm  
*S.C. van Beek, A.C. Vahl, W. Wisselink, R. Balm and  
on behalf of the Amsterdam Acute Aneurysm Trial Collaborators*

*Only 13% of haemodynamically unstable RAAA patients (at baseline) and who did not undergo surgery were alive at 2 hours, compared with 96% of those who were haemodynamically stable and who did not undergo surgery. The latter were primarily excluded through comorbidity, age and anatomical considerations. The high survival at 2 hours suggests that many haemodynamically stable (high risk) patients could be transferred to tertiary hospitals for treatment.*

- 166 **Editor's Choice** – A Randomized Controlled Trial of the Fascia Suture Technique Compared with a Suture-mediated Closure Device for Femoral Arterial Closure after Endovascular Aortic Repair

**CME**

*T. Larzon, H. Roos, G. Gruber, O. Henrikson, A. Magnuson, M. Falkenberg, L. Lönn and L. Norgren*

*In a randomized trial in patients undergoing EVAR/TEVAR via the femoral artery, fascial closure was associated with significantly shorter access closure times and lower costs than after using the Prostar XL closure device.*

### Invited Commentary

- 174 Commentary on 'A Randomized Controlled Trial of the Fascia Suture Technique Compared with a Suture-mediated Closure Device for Femoral Arterial Closure After Endovascular Aortic Repair'  
*A. Wanhainen*

- 175 Prospective Evaluation of Post-implantation Inflammatory Response After EVAR for AAA: Influence on Patients' 30 Day Outcome  
*E. Arnaoutoglou, G. Kouvelos, N. Papa, A. Kallinteri, H. Milionis, V. Koulouras and M. Matsagkas*

*One third of EVAR patients had biochemical evidence of post-implantation syndrome and the intensity of this response (as measured by hs-CRP and duration of fever) correlated with an increased prevalence of major adverse cardiovascular events within 30 days.*

### PERIPHERAL ARTERIAL DISEASE

- 184 The Effect of Supervised Exercise Therapy on Physical Activity and Ambulatory Activities in Patients with Intermittent Claudication  
*H.J.P. Fokkenrood, G.J. Lauret, N. Verhofstad, B.L.W. Bendermacher, M.R.M. Scheltinga and J.A.W. Teijink*

*Despite observing significant increases in pain free walking distance and maximum walking distance after 3 months of supervised exercise therapy, there was no significant increase in mean daily physical activity levels in claudicants.*

- 192 Hide and Seek: Does the Toe-brachial Index Allow for Earlier Recognition of Peripheral Arterial Disease in Diabetic Patients?  
*R.M. Stoekenbroek, D.T. Ubbink, J.A. Reekers and M.J.W. Koelemay*

*The toe:brachial pressure index in diabetic patients with an ankle:brachial pressure index <1.4 could not reliably diagnose those with early PAD.*

## CONTENTS—continued

- 199 Safety, Clinical Outcome, and Fracture Rate of Femoropopliteal Stenting Using a 4F Compatible Delivery System  
*H. Sarkadi, V. Bérczi, A. Kollár, D. Kiss, P. Jakabfi, E.M. Végh, B. Nemes, B. Merkely, K. Hüttl and E. Dósa*  
*A report describing primary patency rates of 80% (and low access complications) in patients undergoing femoro-popliteal stenting using 4-F delivery systems.*
- 205 A New Murine Model of Sustainable and Durable Chronic Critical Limb Ischemia Fairly Mimicking Human Pathology  
*A. Lejay, P. Choquet, F. Thaveau, F. Singh, A. Schlagowski, A.-L. Charles, G. Laverny, D. Metzger, J. Zoll, N. Chakfe and B. Geny*  
*The development of a murine model of critical limb ischemia that mimicked human pathology and which could be used to evaluate therapeutic strategies in the future.*

## VENOUS DISEASE

- 213 Management Strategies for Patients with Varicose Veins (C2–C6): Results of a Worldwide Survey  
*S.K. van der Velden, O. Pichot, R.R. van den Bos, T.E.C. Nijsten and M.G.R. De Maeseneer*  
*First world-wide survey of management strategies by experienced venous practitioners for patients with greater saphenous reflux, stratified for patient and ultrasound based variables.*
- 221 Donning Devices (Foot Slips and Frames) Enable Elderly People with Severe Chronic Venous Insufficiency to put on Compression Stockings  
*K. Sippel, B. Seifert and J. Hafner*  
*Devices for helping patients apply compression stockings were associated with significant improvements in the ability of elderly patients to correctly don their compression hosiery.*
- 230 Selected Abstracts from the February Issue of the Journal of Vascular Surgery
- 234 Forthcoming Events

---

**Editor's Choice:** This paper has been selected by the Editor to be made available online as Open Access.



To access continuing medical education questions on this paper, please go to [www.vascular education.com](http://www.vascular education.com) and click on 'CME'